CALIFORNIA	
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Content: A description of the kinds and numbers of professional medical personnel and supporting staff used in the administration of the program and their responsibilities.

INTRODUCTION

Professional medical personnel used in the administration of the program are contained in two Branches - Program Benefits Branch and Field Services Branch. These two Branches are discussed in detail below.

Benefits Branch

The professional medical personnel and supporting staff in this Branch are as follows:

TYPE	NUMBER
Medical Consultant (M.D.)	6
Dental Consultant (D.D.S.)	1
Pharmacy Consultant	4
Nurse Consultant II	1
Optometric Consultant II	1
Staff Services Manager	5
Health Program Manager	1
Associate Governmental Program Analyst	12
Staff Services Analyst	1
Clerical Staff	6

(See also attached organization chart)

The responsibilities of the professional medical and supporting staff of this Branch are: to develop and recommend medically sound policy and legislation relating to the scope, provision and payment for health care services; to determine that such recommendations are consistent with existing legislation and achieve the most economical use of funds while providing a benefit structure that corresponds to what is available to the general public and to ensure there is uniform and consistent interpretation and application of regulations and policies.

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Field Services Branch

The professional medical personnel and supporting staff in this branch are as follows:

TYPE	NUMBER
Field Office Administrators	13.0
Medical Consultant	56.0
Staff Svcs Mgr	2.0
Medi-Cal Technician	34.0
Nurse Consultant	1.0
Nurse Evaluator	153.0
Social Svcs Consultant	16.0
Audio and Speech Pathology Consultant	1.0
Pharmaceutical Consultant	8.0
Analyst	2.0
Clerical	145.0
TOTAL	431.0
Chief, Field Svcs Branch	1.0
Staff Svcs Mgr	2.0
Nurse Evaluator	2.0
Analyst	9.0
Clerical	6.0
TOTAL	20.0

TOTAL BRANCH STAFF

451.0

The primary responsibility of the Field Services staff (both professiona medical and support staff) is to insure that those health services which require prior authorization and/or medical review, are medically necessary and appropriate for the patient's medical needs before they are authorized for payment.

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